



# Application for Business, Professional, and Occupational License

TYPE OF OWNERSHIP: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC/PLLC/PC

## LEGAL BUSINESS NAME

Individual (Your Name): \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CORP/LLC etc. Name: \_\_\_\_\_ FEIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*\* CORPORATIONS, LLCs, etc. MUST ATTACH COPY OF VIRGINIA SCC REGISTRATION CERTIFICATE \*\***

Partnership: \_\_\_\_\_ FEIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Trade Name\*: \_\_\_\_\_

\* If a business operates under a name other than the owner's name or the corporate/LLC name, that name must be registered with the Clerk of the Williamsburg-James City County Circuit Court. No business license application will be accepted by the Commissioner of the Revenue without a copy of the Assumed Name Form, bearing the stamp of the Court (ref Code of Virginia §59.1-69 through 76). The "Certificate of Business Under an Assumed Name" form may be found at <http://jamescitycountyva.gov/456/Forms>

MAILING ADDRESS: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PRIMARY BUSINESS ACTIVITIES: \_\_\_\_\_

START DATE: \_\_\_\_\_

ESTIMATED GROSS RECEIPTS (START DATE THROUGH DEC 31): \_\_\_\_\_

STATE REGULATORY LICENSE NUMBER AND TYPE: \_\_\_\_\_

OWNERS, OFFICERS, OR OTHERWISE RESPONSIBLE PARTY OF PARTNERSHIP/CORPORATION/LLC/PC/etc.

NAME AND TITLE

HOME ADDRESS

SSN

<u>NAME AND TITLE</u>	<u>HOME ADDRESS</u>	<u>SSN</u>
_____	_____	_____ - _____ - _____
_____	_____	_____ - _____ - _____
_____	_____	_____ - _____ - _____

I DECLARE THAT THE STATEMENTS AND FIGURES HEREON ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I AM AUTHORIZED TO FILE THIS DOCUMENT ON BEHALF OF THE ABOVE-NAMED BUSINESS. I ALSO AFFIRM THAT I AM A LEGAL RESIDENT OF THE UNITED STATES OF AMERICA.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: All business license accounts must be renewed annually or closed in writing. Notify this office in writing immediately of any changes such as business name, ownership, business entity type, location, or activity.**

OFFICE USE ONLY: I.D. CONFIRMATION

Source: \_\_\_\_\_

No.: \_\_\_\_\_

**\*\* NO FAXED OR EMAILED APPLICATIONS ACCEPTED. ORIGINAL INK SIGNATURES ONLY \*\***

*Mail or deliver form to the address listed below:*

## MAIL FORM TO:

Commissioner of the Revenue  
P.O. Box 283  
Williamsburg, VA 23187-0283

## OR DELIVER TO:

Commissioner of the Revenue  
101 Mounts Bay Road, Building B  
Williamsburg, VA 23185

November 2016